

New Jersey Department of Human Services

ADULT DAY SERVICES PROGRAM FOR

PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS

Name of Applicant		Employer ID No.	
Street Address		City	State Zip Code
Type of Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Government		County	
Type of Request <input type="checkbox"/> New <input type="checkbox"/> Modification to LOA No.:			
Grantee Fiscal Year Ends (Month/Day/Year) ____ / ____ / ____		Budget/Project Period to Begin (Month/Day/Year) ____ / ____ / ____	
Name and Title of Principal Contact		Telephone Number	
Name and Title of Fiscal Contact		Telephone Number	
Site Location(s) _____ _____ _____ _____			
Does any member of the Board of Directors/Trustees serve on any board, council, commission, committee or Task Force which has regulatory or advisory influence on the funding program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Member: _____ Board, Council: _____			
If political subdivision, is applicant covered by NJ Civil Service Merit System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant have an Affirmative Action Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERTIFICATION

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant, and further understands and agrees that any funds received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the New Jersey Department of Human Services for the administration of letters of agreement for health services which include provisions described in the application instructions.

Name of Certifying Representative	Title	
Signature		Date